POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

POSTMARK OF DELIVERING OFFICE

MAY 27 PM 69

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED.*

RETURN TO

NAME OF SENDER H. Weisberg

STREET AND NO. OR P.O. BOX Rt. 8

POST OFFICE, STATE, AND ZIP CODE Frederick, Md. 21701

POD Form 3811 Apr. 1967 055—16—71648-10

REGISTERED NO. 03235

POSTMARK OF

Value	$ NV	Special Delivery	$
Reg. Fee	$ .75	Return Receipt	$
Handling Charge	$	Restricted Delivery	$
Postage	$ .54	☐ AIRMAIL	

POSTMASTER (By) L

FREDERICK, MD USPO JUN 9 1969

MAILING OFFICE

FROM H. Weisberg
R. 8
Frederick, md 21701

TO Mr. Emanuel Pavenes
455 Madison Ave
N Y N.Y 10022

POD Form 3806, Dec. 1965 048—16—79020-1 RECEIPT FOR REGISTERED MAIL

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

POSTMARK OF DELIVERING OFFICE

NEW YORK, N.Y. APR 8 PM 1969

LENOX HILL STATION

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED.*

RETURN TO

NAME OF SENDER H. Weisberg

STREET AND NO. OR P.O. BOX Rt. 8,

POST OFFICE, STATE, AND ZIP CODE Frederick, Md 21701

POD Form 3811 Apr. 1967 055—16—71648-10

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom, date, and address where delivered ☐ Deliver ONLY to addressee

(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.

CERTIFIED NO. 385268

INSURED NO.

DATE DELIVERED 4/3

1. SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*)

2. SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

D. Lovorka

3. SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-10 GPO

SAVE THIS RECEIPT

COVERAGE—Domestic insurance for registered mail is limited to (1) the value of the article at the time of mailing or the cost of replacement if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the registry fee paid. Consult postmaster for additional details of insurance limits and coverage for domestic registered mail.

FILING CLAIM—Claim must be filed within 1 year from the date of mailing. Present this receipt and submit evidence of value, cost of repairs, or cost of duplication.

FOREIGN COUNTRIES—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

GPO 048—16—79020-1

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom, date, and address where delivered ☐ Deliver ONLY to addressee

(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.

CERTIFIED NO. 360581

INSURED NO.

DATE DELIVERED 5/27

1. SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*)

2. SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

D. Lovorka Jr.

3. SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-10 GPO